

STAGE 1 FALLS RISK SCREENING TOOL

For use with community dwelling people aged 65 years and over to identify those at risk of falls

Name:	Place of Assessment:
Address:	NHS Number:
	Date of Birth:
Postcode:	Home Phone Number:
GP and Surgery:	

Guidance

1. This Stage 1 tool is designed to identify those who may be at high risk of falls.
2. The Stage 2 assessment and intervention tool should be used on all individuals identified at high risk to assist you to minimise the individuals risk of further falls.
3. Please ensure all details are correct, complete and legible to enable full registration.
4. Send a copy of all completed tools to the Falls Team for registration ensuring consent is signed. This form does not constitute a referral to the Falls Team.

Verbal and written advice given (Prevent Falls booklet) Yes

		Yes	No
1	Is there a history of falls in the previous year? Total number of falls in past 12 months..... Approximate date of last fall.....		
2	Is the person on four or more medications per day?		
3	Does the person have a diagnosis of stroke or Parkinson's disease?		
4	Does the person have any problems with their balance?		
5	Does the person need to use their arms when rising from a chair of knee height (dining chair type)?		

Recurrent falls ➡ Complete stage 2 assessment

3 or more positive responses to the above 5 questions ➡ Complete stage 2 assessment

		Yes	No
6	Does the person, complain of blackouts, loss of consciousness, unexplained falls or is unable to recollect the mechanism of falls? (not due to poor memory or confusion)		
7	Has the person had a fracture after a minor bump or fall (over the age of 50 years)?		

A positive response to questions 6 or 7 ➡ Complete stage 2 assessment

CONSENT I am willing to have a further falls risk assessment if necessary. This may involve a referral to another member of the health care team. The details from this assessment can be added to the Central Falls Register held by the South Tees Falls Team and within my GP Practice.

Signed:

Date:

Please ensure consent has been explained fully to the patient/client and signed. If patient/client is unable to sign, a representative must sign indicating verbal consent has been obtained.

Name of Assessor: _____ Designation: _____

Signature: _____ Date: _____ Tel: _____

Falls Team, Unity House, Elizabeth Terrace, North Ormesby, TS3 6EN Telephone: 01642 368030
Fax 01642 217204